

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003999

FILED  
Jan 29, 2007  
Secretary of State

**Entity Name:** OPERATION CATNIP OF GAINESVILLE, INC.

**Current Principal Place of Business:**

PO BOX 141023  
GAINESVILLE, FL 326141023

**New Principal Place of Business:**

210 NW 79TH DRIVE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

PO BOX 141023  
GAINESVILLE, FL 326141023

**New Mailing Address:**

**FEI Number:** 59-3522378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, JULIE DR.  
COLLEGE OF VETERINARY MEDICINE, UNIV OF FL  
2015 SW 16TH STREET  
GAINESVILLE, FL 32610 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVY, JULIE DR  
Address: 210 NW 79TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: TS ( ) Delete  
Name: SCOTT, KAREN PHD  
Address: 444 NW 26TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: VP ( ) Delete  
Name: CRAWFORD, CYNDA DR  
Address: PO BOX 100126  
City-St-Zip: GAINESVILLE, FL 32610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN C SCOTT

TS

01/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date